



Motivational Interviewing in the Clinical Setting

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Disease & Stroke
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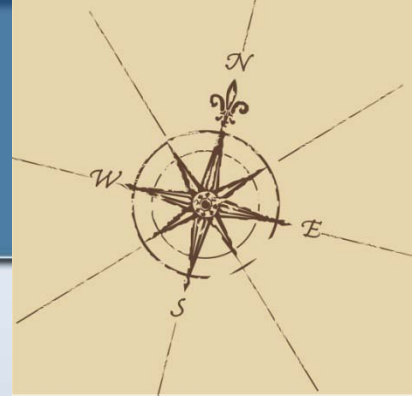


A Definition

Motivational interviewing (MI) is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.



Principles of Good Practice



- Respect patient autonomy
- Patient decides on behavior change
- Information is critical
- Monitor readiness to change
- Monitor importance and confidence
- Confrontational style is not productive

Ambivalence

- A state of mind in which a person has coexisting but conflicting feelings, thoughts, and actions about something
- The “I do, but I don’t” dilemma



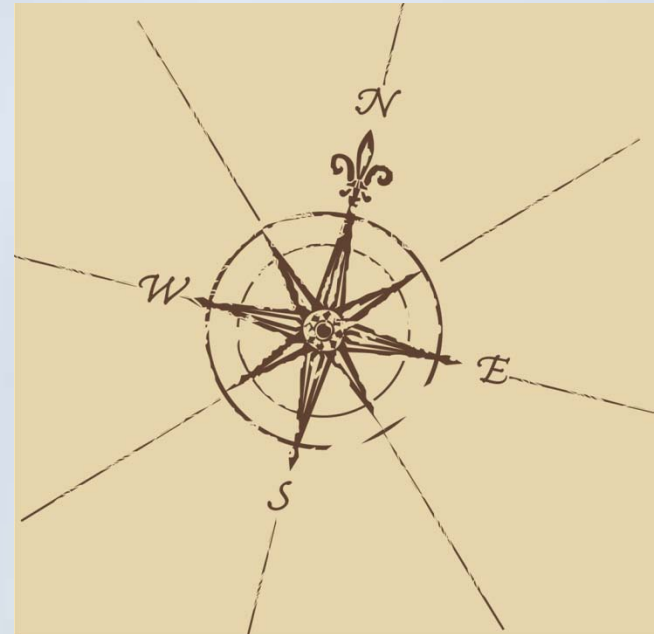
Motivational Interviewing

- Used by:
 - Medical and Dental Staff
 - Health Educators & Promoters
 - Mental Health
 - Substance Abuse Counselors
- It is evidence based



Four Guiding Principles

- Resist arguing and persuasion
- Understand your patient's motivations
- Listen to your patient
- Empower your patient



Principles of Motivational Interviewing

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy



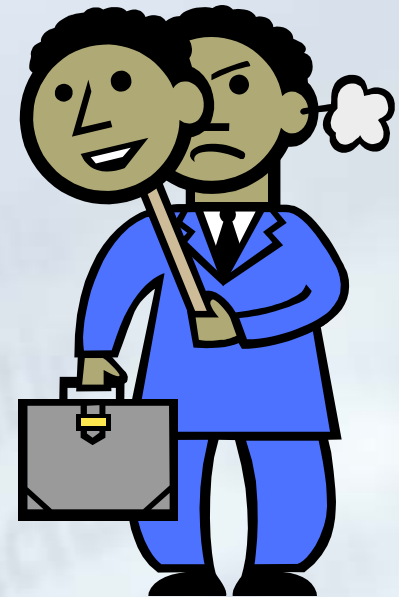
The Spirit of MI

- Collaboration
- Evocation
- Autonomy



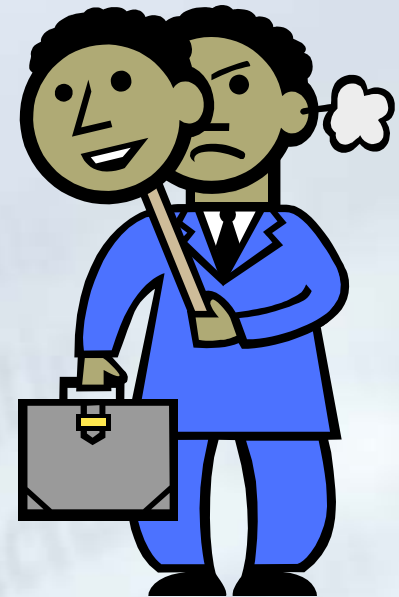
What It is Not

- Not arguing that a person has a problem and needs to change
- Not offering advice without patient's permission
- Not doing most of the talking
- Not giving a “prescription”



Motivational Interviewing is NOT...

- The answer for every person and all ambivalence and resistance
- The only intervention for every one you encounter
- A replacement for your experience, training, and judgment



The Start...

- Establish rapport
- Explain your role
- Get permission
- Ask open ended questions
- Listen
- Understand



Moving to the End

- Consider the pros and cons
- Elicit interest in changing
- Elicit confidence in changing
- Provide options
- Allow patient to interpret
- Summarize what you have heard and allow for correction



Characteristics of Motivational Interviewing



- Relies upon identifying and mobilizing the patient's intrinsic values and goals to stimulate behavior change
- Motivation to change is elicited from the patient and not imposed from without
- MI is designed to elicit, clarify, and resolve ambivalence and to perceive benefits and costs associated with it.

Motivational Interviewing

- Behavior change affected more by motivation than information
- Reflective Listening
- Allow client to process
- Elicit-Provide-Elicit format
- Self-voiced opinions



Examples of “reflection”

- It sounds like you are feeling...
- It sounds like you are not happy with...
- It sounds like you are having trouble with...
- I hear you say that



Empathetic Responses

- You seem _____
- In other words _____
- It seems to you _____
- As I understand it, you seem to be saying _____
- I gather that _____
- You sound _____



Use Patient-Centered Communication - Motivational Interviewing

- Based on behavior change theory and clinical research:
 - Stages of Change Model, DiClemente & Prochaska, 1998
 - Motivational Interviewing, Miller and Rollnick, 1991
- The goal is to facilitate fully informed, deeply contemplated, and internally motivated choices, not necessarily to change behavior

Motivational Interviewing - Change Talk and Self-Perception

- People are more powerfully influenced by what they hear themselves say than by what someone else says to them.
 - Encourage your patients to say the things that you usually tell them.
 - Help your patients to talk themselves into making a change!
- Self-motivating statements made by the patient:
 - Recognition of an issue
 - Reasons for making a change
 - Hazards of not making a change

Use Patient-Centered Communication

Empathize/Elicit - Provide - Elicit (E-P-E)

■ **Empathize/Elicit**

- Reflect
- What is your understanding?
- What have you heard about?
- What do you want to know?

■ **Provide**

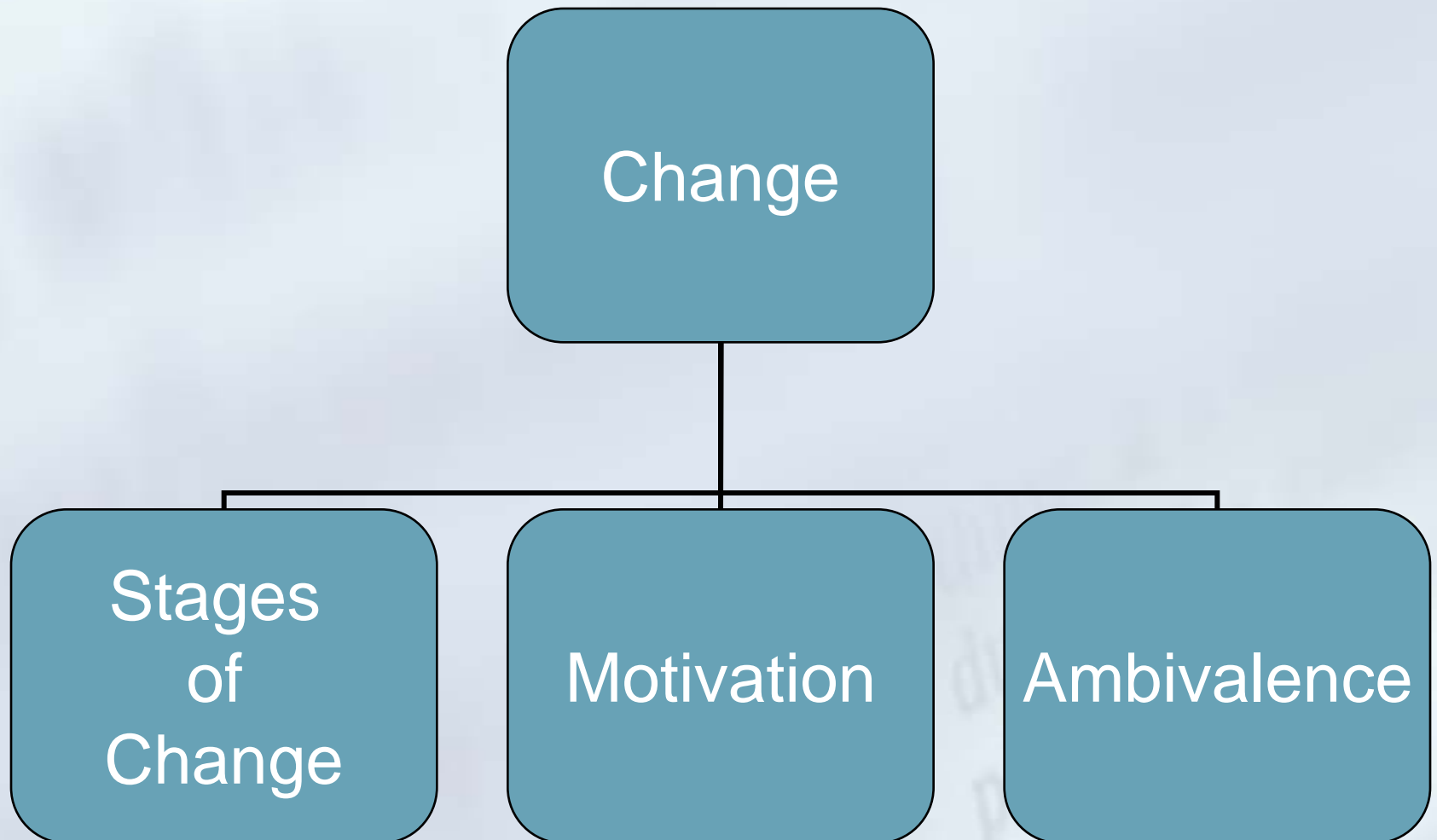
- Advice or information
- Choices or options
- Some of what I may say may differ from what you have heard.

■ **Elicit**

- What do you make of that?
- Where does that leave you?

The Change Process

Important elements of Motivational Interviewing



Changing Behavior

- Common for us to respond to resistance with confrontation
- Confrontation may lead to increased resistance, conflict and argument
- Confrontation may be *counterproductive* and not helpful.



Readiness, Importance, Confidence

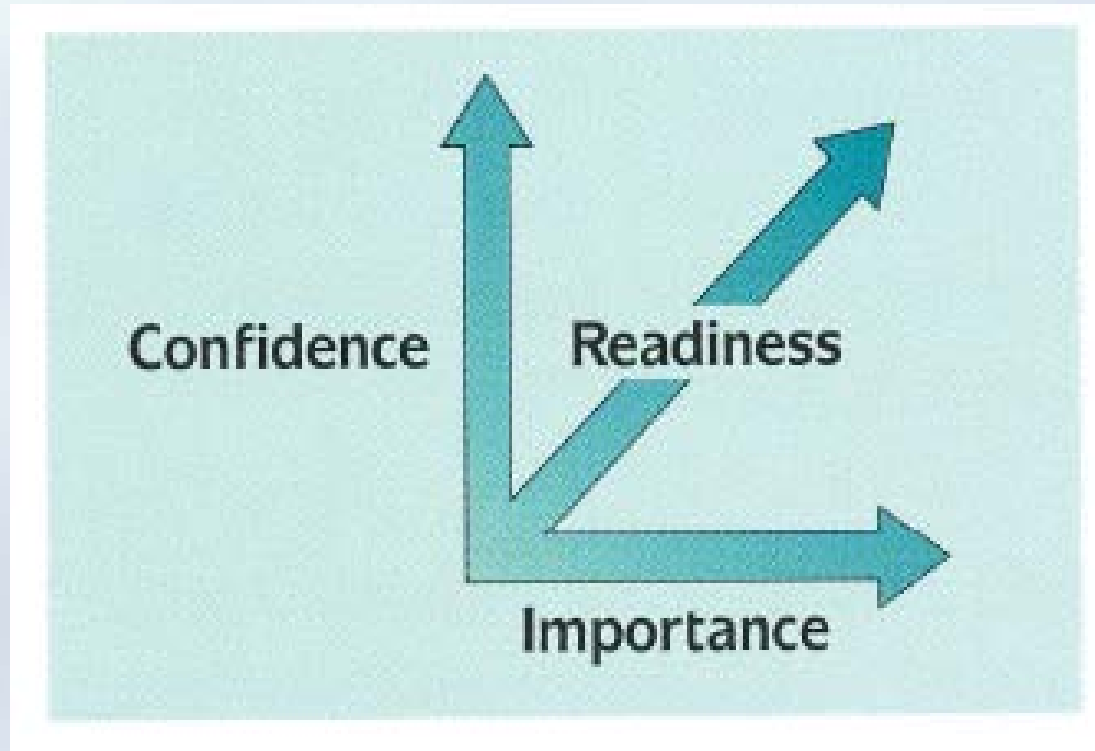


Figure: Confidence and importance – the relationship with readiness

Explore Importance & Build Confidence: Useful Questions

Explore Importance:

- What would have to happen for it to become much more important to you to change?
- What are the good things about...[current behavior]. What are some of the less good things about... [current behavior]?
- If you were to change, what would it be like?

Build Confidence:

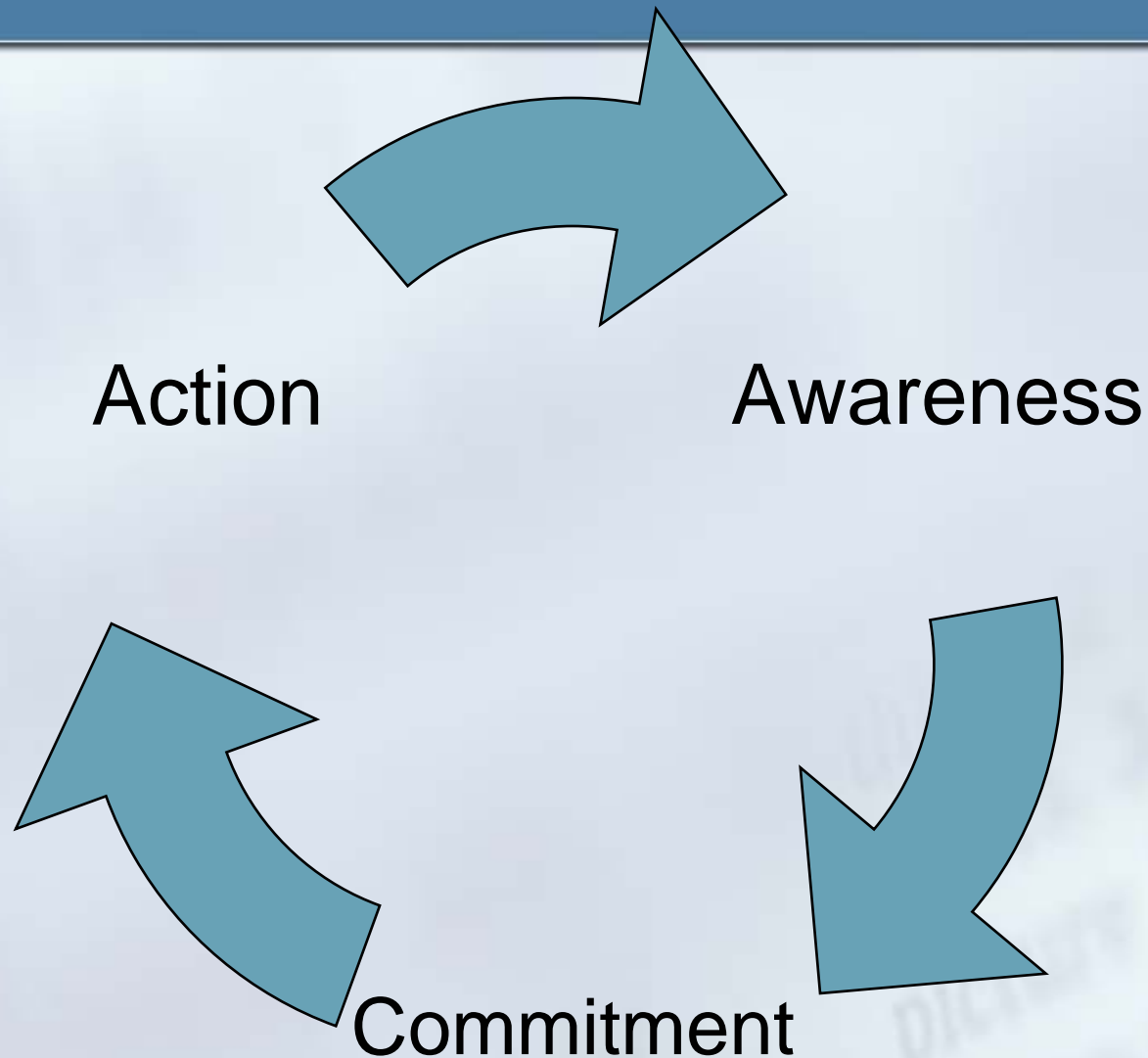
- What would make you more confident about making these changes?
- Is there anything you found helpful in any previous attempts to change?
- What are some of the practical things you would need to do to achieve this goal? Do any of them sound achievable?

When is a client considered motivated?

- Agrees with the therapist's view
- Accepts the counselor's diagnosis
- States a desire for help
- Shows distress, depends on therapist
- Complies with treatment
- Has a successful outcome



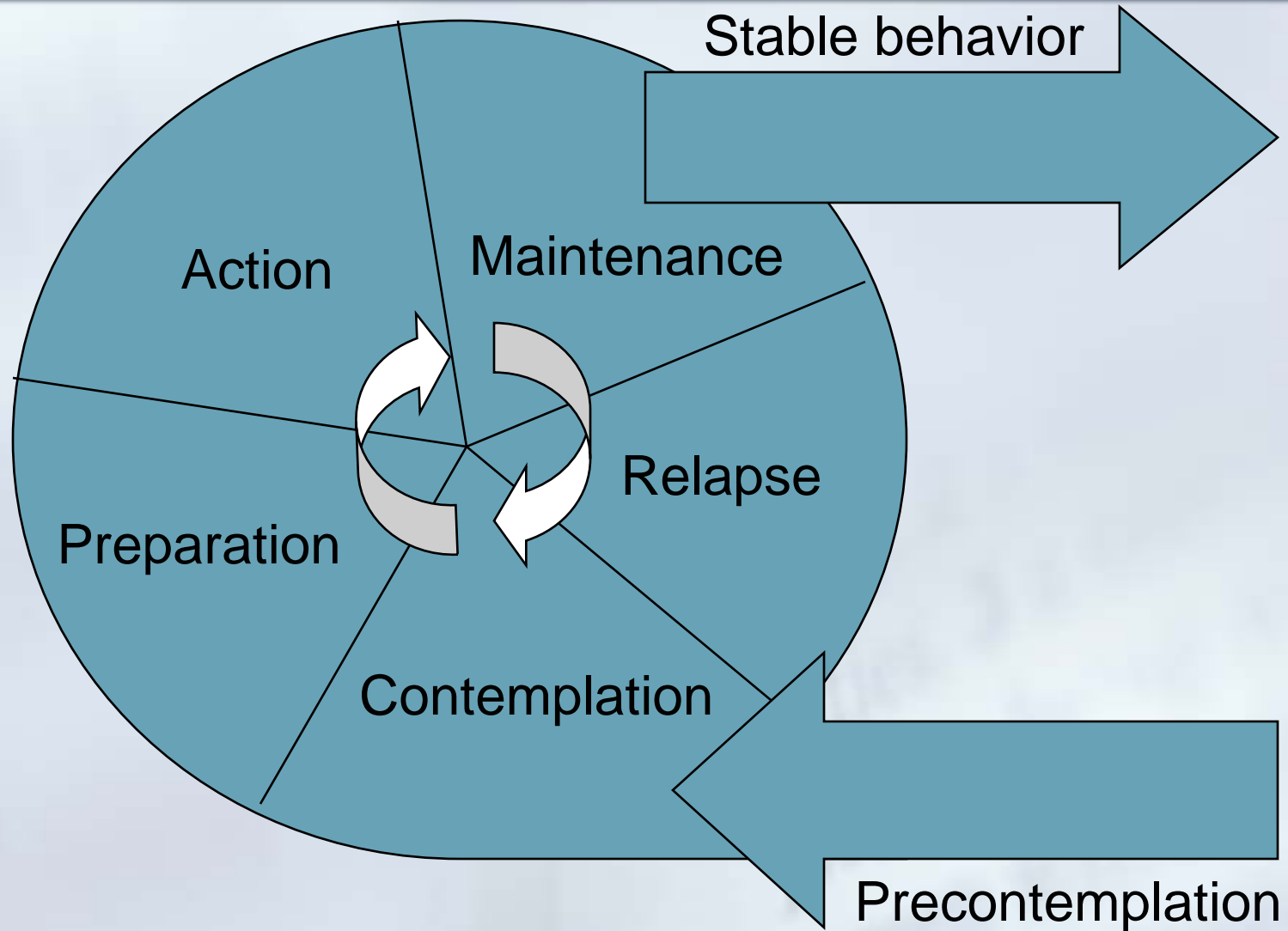
Readiness to Change



Decisional Balance

<p>The good things about _____</p>	<p>The not-so-good things about _____</p>
<p>The good things about changing _____</p>	<p>The not-so-good things about changing _____</p>

Stages of Change Model



Precontemplation

- Entry point of process. Person not even considering the possibility of change. Does not see a problem.
- Action: provide information, educate

Contemplation

- Has reached the point of ambivalence; “wishy-washy”, has some insight
- Action: Support patient in the area of positive change; note risks of not changing

Preparation

- The acceptance of change. Has thought about the fundamentals of change; recognizes need to change
- Action: Help patient with the best options available. Help prioritize, strategize

Action

- Support patient actively involved in change; offer help
- Action: Actively help patient with the process, “treat” the patient

Maintenance

- Work with patient to prevent relapse and keep them moving forward with his/her change
- Action: Help patient avoid areas of “trouble”. Instill confidence

Relapse/Recycle

- This is expected.
- Action: Help patient to return to changed behavior. Be supportive. Be positive, instill confidence. Start the cycle of change over.

Recurrence

- Help the client reenter the change cycle and commend any willingness to reconsider positive change
- Explore the meaning and reality of the recurrence as a learning opportunity
- Assist the client in finding alternative coping strategies
- Maintain supportive contact

Summary

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse
- Raise doubt
- Self-efficacy
- Develop a plan
- Problem solve
- Help prevent relapse
- Offer guidance and resolve

Summary

- People often recycle through the stages before becoming successful in making a behavior change.
- A variety of processes and motivational counseling strategies can be used to help move people along in the change process.
- Change is a dynamic process
- The change process is individual
- We can effect change
- We have the basic tool-ourselves
- All we need is the commitment

40-40-20 Rule

In the population at large, for any behavioral problem...

- 40% are in precontemplation
- 40% are in contemplation
- 20% are in preparation or action

Why Non-compliance?

- Patient's don't know what to do
- Patient's don't know how to do it
- Patient's aren't motivated
- Ambivalent or resistant about
 - Why need to change
 - Why important to change
 - Don't have confidence to change



Enablers vs helpers

- | | |
|--|--|
| ■ Avoid discussions and confrontations | Address specific distressing behaviors |
| ■ Minimize consequences | Ensures understanding of consequences |
| ■ Make excuses or even defend | Insist on responsibility |
| ■ Rarely recommend change | Recommend behavior change |

9 MI Interviewing Tips

1. The patient's needs come first
2. Expect resistance and ambivalence - explore possibilities for patient insight and desire to change
3. Look for patient's verbalization for change
4. MI only works if patient's issue is not in conflict with something of greater value
5. Don't get defensive – allow patient to be your teacher

MI Interviewing Tips

6. Learn your trigger points
- 7 Explore reasons for change, don't force patient to defend the "bad"
8. Listen
9. Ask for understanding not necessarily agreement

Objectives for a Healthy Lifestyle

- Rethink your drink
- Right size your portions
- Tame the tube
- Move more everyday
- Eat more healthy meals at home
- Eat more fruits and vegetables
- Breastfeed your baby



Seven Healthy Tips

- 1 RETHINK YOUR DRINK** Do you pay attention to what or how much you drink each day? It's easy to grab a high-calorie soda or fruit drink on the go, but all those extra calories can quickly add up. Before picking up that can of soda, think about choosing something healthy like water, milk or 100% fruit juice!
- 2 RIGHT SIZE YOUR PORTIONS** When it comes to portion sizes, bigger is not always better! Portion sizes have increased greatly over time, which can lead to eating more calories than we really need. Super sized meals may seem like a good value, but we pay for it with poor health.
- 3 TAME THE TUBE** How much TV does your family watch? Most children today spend more time watching TV than ever before. By turning off the TV, you can lower your family's risk for being overweight and spend more "quality time" together.
- 4 MOVE MORE EVERYDAY** Even small amounts of regular physical activity can improve your health. Make simple changes like taking the stairs instead of the elevator and parking further from a store entrance. You can also walk or bike your kids to school—every step can really add up.
- 5 EAT MORE HEALTHY MEALS AT HOME** Eating Smart at home will not only reduce the amount of fat and calories you eat—it can even save you time and money! Have your family help with planning, shopping and preparing meals to make it a true team effort.
- 6 EAT MORE FRUITS AND VEGETABLES** Fruits and vegetables offer important nutrients and can help prevent some diseases. They are also low in calories, and help you keep a healthy weight. Whether fresh, frozen, canned, dried or 100% juice, fruits and vegetables are quick, delicious and convenient. They will help keep you healthy all year round.
- 7 BREASTFEED YOUR BABY** More and more women are choosing to breastfeed their babies. Breastfeeding helps your baby get the important nutrients it needs. Breastfed babies are also more resistant to illness and have less risk of being overweight. Mothers who breastfeed also have less risk of ovarian cancer. Breastfeeding is the best start to eating smart.

eat smart move more SOUTH CAROLINA

South Carolina Institute
for Child Health, Learning
and Human Development

Objectives for a Healthy Lifestyle

Can you...

B Eat a healthy **breakfast**.

5 Eat at least **five** or more fruits and vegetables.

4 Drink **four** glasses of water.

3 Have **three** servings of dairy.

2 Limit screen time to less than **two** hours.

1 Be physically active for at least **one** hour.

0 Avoid sweetened beverages

every day?

Can you B543210 every day?

B  **eat at least five fruits & veggies**

5  **eat at least five fruits & veggies**

4  **DRINK FOUR GLASSES OF WATER**

3  **eat or drink three servings of dairy**

2  **limit screen time to less than two hours**

1  **AVOID SWEETENED BEVERAGES**

0  **be PHYSICALLY active for one hour**

Choose These Healthy Options

- Broiled, baked or grilled foods
- Proteins such as fish, chicken, beans, nuts
- Whole wheat pasta, bread, cereals
- Low-fat or skim milk

Use Moderation With These

- Fast food
- Fried food
- Fatty red meats
- Large or second helpings
- White bread, rice, potatoes
- Sugary foods such as donuts, pastries

SOUTH CAROLINA INSTITUTE
for Childhood Obesity and Related Conditions

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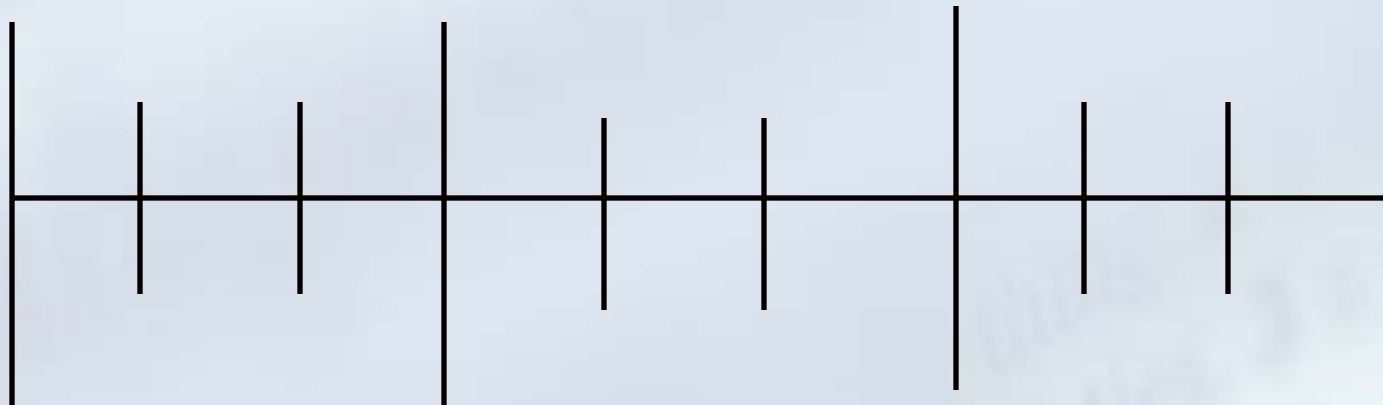
Office-Based Motivational Interviewing to Prevent Childhood Obesity

- Nonrandomized clinical trial involving 91 children ages 3-7 years with a BMI 85-94thile and a parent BMI > 30
- 15 pediatricians and 5 RD's assigned to...
 - Control – standard care
 - Minimal Intervention – 10-15 minute MI session with MD, 1 month after well child care visit
 - Intensive Intervention – Minimal + 45-50 minute MI session with RD, 6 months after well child care visit
- BMIthile decreased 0.6% (control), 1.9% (minimal), 2.6% (intensive)

Importance Ruler



On the following scale, which point best reflects how important it is for you at the present time to change _____?



Not
important
at all

Fairly
important

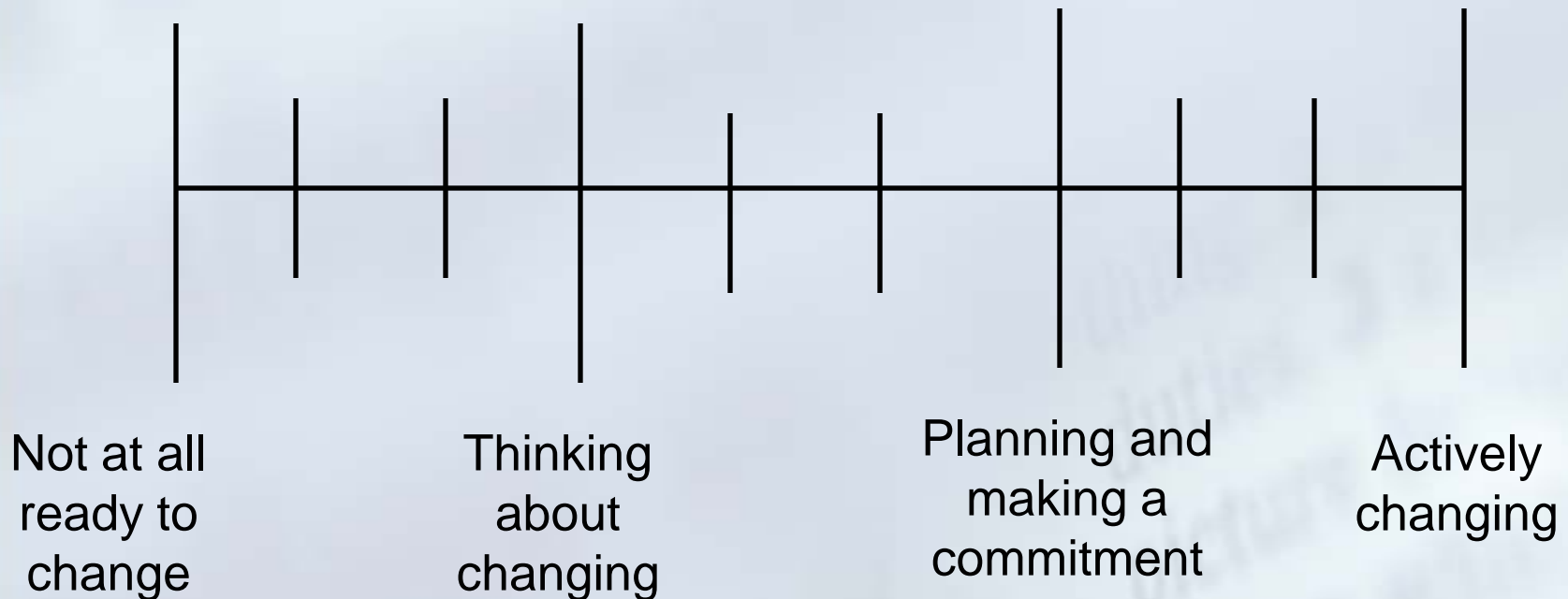
Very
important

Utmost
importance

Confidence Ruler



On the following scale, which point best reflects how confident you are at the present time to change _____?



Probe

- Why did you not choose a lower number?
- What would it take to get you to a higher number?



Use Patient-Centered Communication

Empathize/Elicit - Provide - Elicit (E-P-E)

■ **Empathize/Elicit**

- “Yours child’s height and weight put him/her at increased risk for developing diabetes and heart disease at a very early age.”
- “What do make of this?”
- “Would you be interested in talking more about ways to reduce your child’s risk?”

■ **Provide**

- “Some different ways to reduce your child’s risk are...”
- “At this point, the tests indicate that...”

■ **Elicit**

- “Do any of these seem like something your family could work on or do you have other ideas?”
- “Where does that leave you?”
- “What might you need to be successful?”

Summary

- “If it is ok, I would like to go over what we have discussed today.”
- Summarize pros and cons of change
- Closure-“What do you think might be a first step?”
- If ambivalent: “ Would it be ok if I shared some strategies that have worked for other families?”

“An MI encounter resembles a dance more than a wrestling match”



Additional Information

- Website <http://www.motivationalinterview.org>
- Rollnick S., Mason P., Butler C. (1999) Health Behavior Change: A Practitioner's Guide
- Motivational Interviewing. Miller W., Rollnick S., 2002. Second Edition.
- Prochaska J.O., Norcross, J.C., DiClemente, C.C. (1994) Changing for Good.